Complete Summary

GUIDELINE TITLE

Pelvic inflammatory disease.

BIBLIOGRAPHIC SOURCE(S)

Pelvic inflammatory disease. Philadelphia (PA): Intracorp; 2005. Various p. [18 references]

GUIDELINE STATUS

This is the current release of the guideline.

All Intracorp guidelines are reviewed annually and updated as necessary, but no less frequently than every 2 years. This guideline is effective from July 1, 2005 to July 1, 2007.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Pelvic inflammatory disease

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Obstetrics and Gynecology

INTENDED USERS

Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Utilization Management

GUIDELINE OBJECTIVE(S)

To present recommendations for the diagnosis, management, and treatment of pelvic inflammatory disease that will assist medical management leaders to make appropriate benefit coverage determinations

TARGET POPULATION

Women with confirmed or suspected pelvic inflammatory disease

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Physical examination and assessment of signs and symptoms
2. Diagnostic tests
    - Pregnancy test
    - Urinalysis
    - Complete blood count (CBC)
    - Laboratory tests for Neisseria gonorrhoeae or Chlamydia trachomatis
    - Vaginal ultrasound
    - Serologic testing for syphilis
    - Human immunodeficiency virus (HIV) testing
    - Endometrial biopsy
    - Laparoscopy

Management/Treatment

1. Antibiotic therapy
2. Pelvic ultrasound
3. Laparoscopy
4. Surgical intervention in cases of life-threatening infections, ruptured tuboovarian abscesses, pelvic abscesses, and persistent symptomatic mass
    - Hysterectomy if indicated
5. Patient education and counseling
6. Identifying and treating spouses and sexual partners
7. Referral to specialists

MAJOR OUTCOMES CONSIDERED

Sensitivity and specificity of diagnostic tests

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Searches were performed of the following resources: reviews by independent medical technology assessment vendors (such as the Cochrane Library, HAYES); PubMed; MD Consult; the Centers for Disease Control and Prevention (CDC); the U.S. Food and Drug Administration (FDA); professional society position statements and recommended guidelines; peer reviewed medical and technology publications and journals; medical journals by specialty; National Library of Medicine; Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services; and Federal and State Jurisdictional mandates.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Not Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not stated

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus (Delphi)

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A draft Clinical Resource Tool (CRT or guideline) is prepared by a primary researcher and presented to the Medical Technology Assessment Committee or the Intracorp Guideline Quality Committee, dependent upon guideline product type.

The Medical Technology Assessment Committee is the governing body for the assessment of emerging and evolving technology. This Committee is comprised of a Medical Technology Assessment Medical Director, the Benefit and Coverage Medical Director, CIGNA Pharmacy, physicians from across the enterprise, the Clinical Resource Unit staff, Legal Department, Operations, and Quality. The Intracorp Guideline Quality Committee is similarly staffed by Senior and Associate Disability Medical Directors.

Revisions are suggested and considered. A vote is taken for acceptance or denial of the CRT.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

The guideline developers reviewed a published cost analysis.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnostic Confirmation

Subjective Findings

- Lower abdominal pain, diffuse and bilateral - often poorly localized
- Pelvic pain or pressure
- Fevers
- Vaginal discharge; often foul smelling
- Abnormal uterine bleeding
- General ill feeling
- Pain with intercourse (dyspareunia)
- Urinary tract symptoms:

    - Dysuria or suprapubic pain occurring only during micturition, without frequency or urgency. NOTE: This should prompt suspicion of pelvic inflammatory disease (PID), as urine will show no signs of infection.
- Nausea and vomiting

Objective Findings

- Physical and pelvic examinations:
    - Bilateral adnexal tenderness
    - Cervical motion tenderness - sensitive but not specific for PID
    - Cervicitis and vaginal discharge (seen in more than 50% of patients with sexually transmitted organisms)
    - Firm, possibly tender uterus
    - Peritoneal signs or perihepatic irritation with right upper quadrant tenderness if infection becomes severe

Diagnostic Tests

- Pregnancy test; for all women, except those who have had a hysterectomy)
- Urinalysis to rule out urinary tract infection (UTI)
- Complete blood count (CBC); this is of limited usefulness; leukocytosis may or may not be present
- Laboratory documentation may reveal cervical infection with Neisseria gonorrhoeae or Chlamydia trachomatis
- Imaging; vaginal ultrasound (US) to rule out a tubo-ovarian abscess or ectopic pregnancy
- Serologic testing for syphilis
- Human immunodeficiency virus (HIV) testing (e.g., enzyme-linked immunosorbent assay [ELISA] or Western blot) and counseling should be offered to all patients with suspected PID or sexually transmitted disease (STD)
- Endometrial biopsy
- Laparoscopy; it should be noted that direct visualization of the pelvic cavity is generally the only way to confirm PID diagnosis.

Differential Diagnosis

- Ovarian conditions (see the Intracorp guideline Ovarian Cyst):
    - Cyst
    - Cyst rupture
    - Torsion
- Ectopic pregnancy; ruptured or non-ruptured
- Endometriosis
- Menstrual disorders (see the Intracorp guideline Abnormal Uterine Bleeding):
    - Myomas
    - Abnormal uterine bleeding
    - Mittelschmerz
- UTI (see the Intracorp guideline Urinary Tract Infection)
- Appendicitis
- Gallbladder conditions:
    - Colic
    - Cholecystitis

- Renal conditions:
  - Colic
  - Cystitis
  - Pyelonephritis
- Hepatitis
- Gastrointestinal conditions:
  - Gastroenteritis
  - Diverticulitis
  - Inflammatory bowel disease
- Intestinal conditions:
  - Ischemic bowel
  - Ruptured viscous
  - Bowel obstruction
- Infertility

Treatment

Treatment Options

- Antibiotic therapy; choices vary in regard to inpatient versus outpatient regimens, allergies, compliance needs, and the gravid status of the patient
- Pelvic ultrasound
- Laparoscopy
- Surgery for the following:
  - Life-threatening infections
  - Ruptured tuboovarian abscesses
  - Pelvic abscesses
  - Persistent symptomatic mass
- Hysterectomy may be suggested for individuals who are older (see the Intracorp guideline Hysterectomy). NOTE: should be referred to physician advisor for review

Duration of Medical Treatment

- Medical - Optimal: 2 day(s), Maximal: 14 day(s)

Additional information regarding primary care visit schedules, referral options, and specialty care is provided in the original guideline document.

The original guideline document also provides a list of red flags that may affect disability duration, and return to work goals, including

- Resolving symptoms of pelvic pain, fever without hospitalization
- Resolving nausea, vomiting, hydration with hospitalization
- After hospitalization for surgery

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, management, and treatment of pelvic inflammatory disease that will assist medical management leaders to make appropriate benefit coverage determinations

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005

GUIDELINE DEVELOPER(S)

Intracorp - Public For Profit Organization

SOURCE(S) OF FUNDING

Intracorp

GUIDELINE COMMITTEE

CIGNA Clinical Resources Unit (CRU)
Intracorp Disability Clinical Advisory Team (DCAT)
Medical Technology Assessment Committee (MTAC)
Intracorp Guideline Quality Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Intracorp guidelines are available for a licensing fee via a password protected, secure Web site at www.intracorp.com.

Reprints of complete guideline content may be purchased for $35.00 per title (plus tax in TX at 8.25% and CT at 1.0%). Please send e-mail request to lbowman@mail.intracorp.com.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Policies and procedures. Medical Technology Assessment Committee Review Process. Philadelphia (PA): Intracorp; 2004. 4 p.

- Online guideline user trial. Register for Claims Toolbox access at www.intracorp.com.

Licensing information and pricing: Available from Intracorp, 1601 Chestnut Street, TL-09C, Philadelphia, PA 19192; e-mail: lbowman@mail.intracorp.com.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on September 15, 2005. The information was verified by the guideline developer on September 30, 2005.

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DISCLAIMER

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